



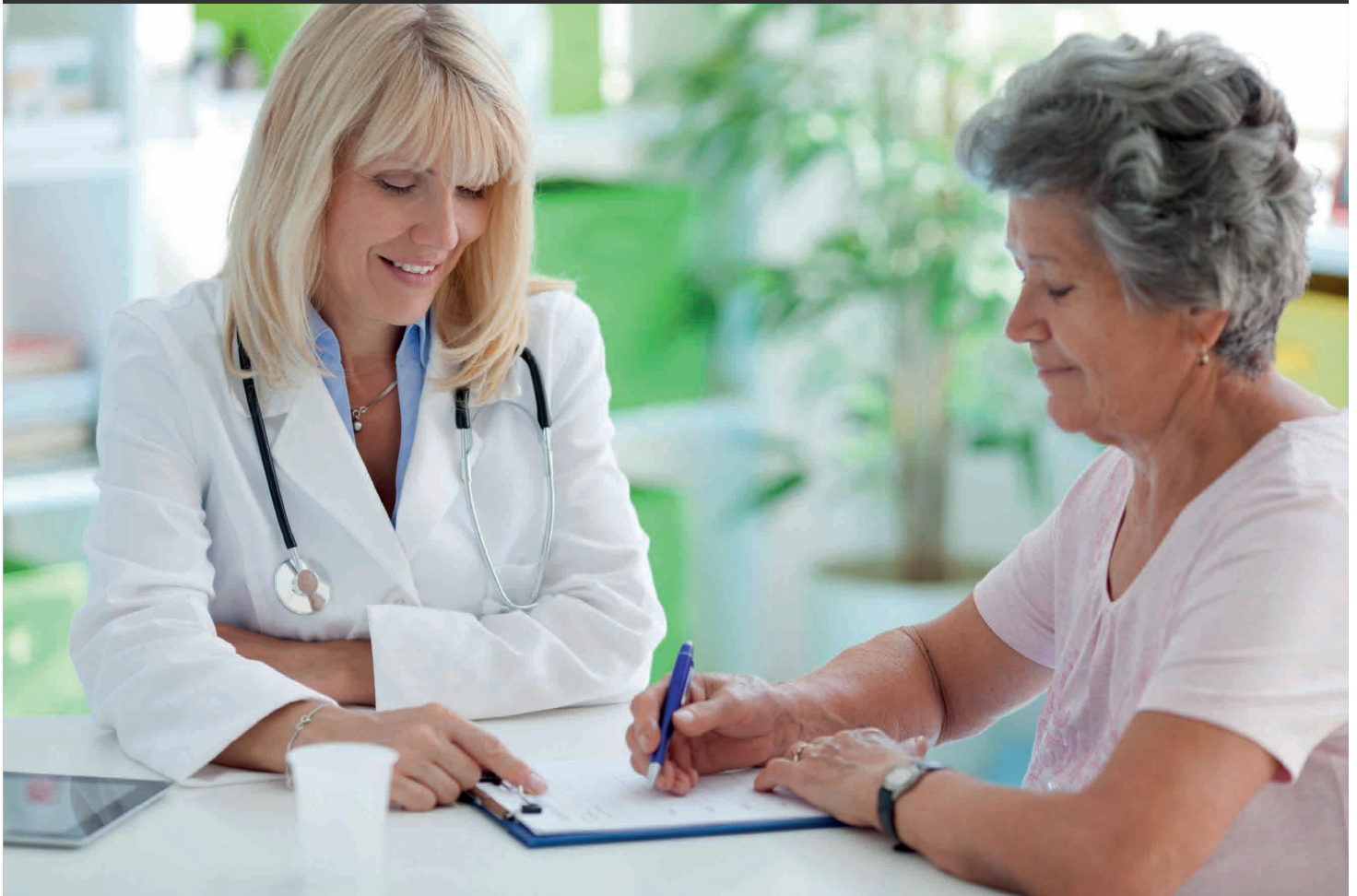
Medicine, Nursing and Health Sciences

# A Practitioner's Toolkit for the Management of the Menopause

Developed by the Women's Health Research Program  
School of Public Health and Preventive Medicine  
Monash University, 2014

The supporting notes for the Practitioner's Toolkit for Managing the Menopause are published, with free access, in *Climacteric*, the journal of the International Menopause Society.

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Endorsed by the Australasian Menopause Society, the International Menopause Society and the Jean Hailes Foundation.

# A Practitioner's Toolkit For The Menopause

## A Woman (40 years+) presents with:

**SYMPTOMS**

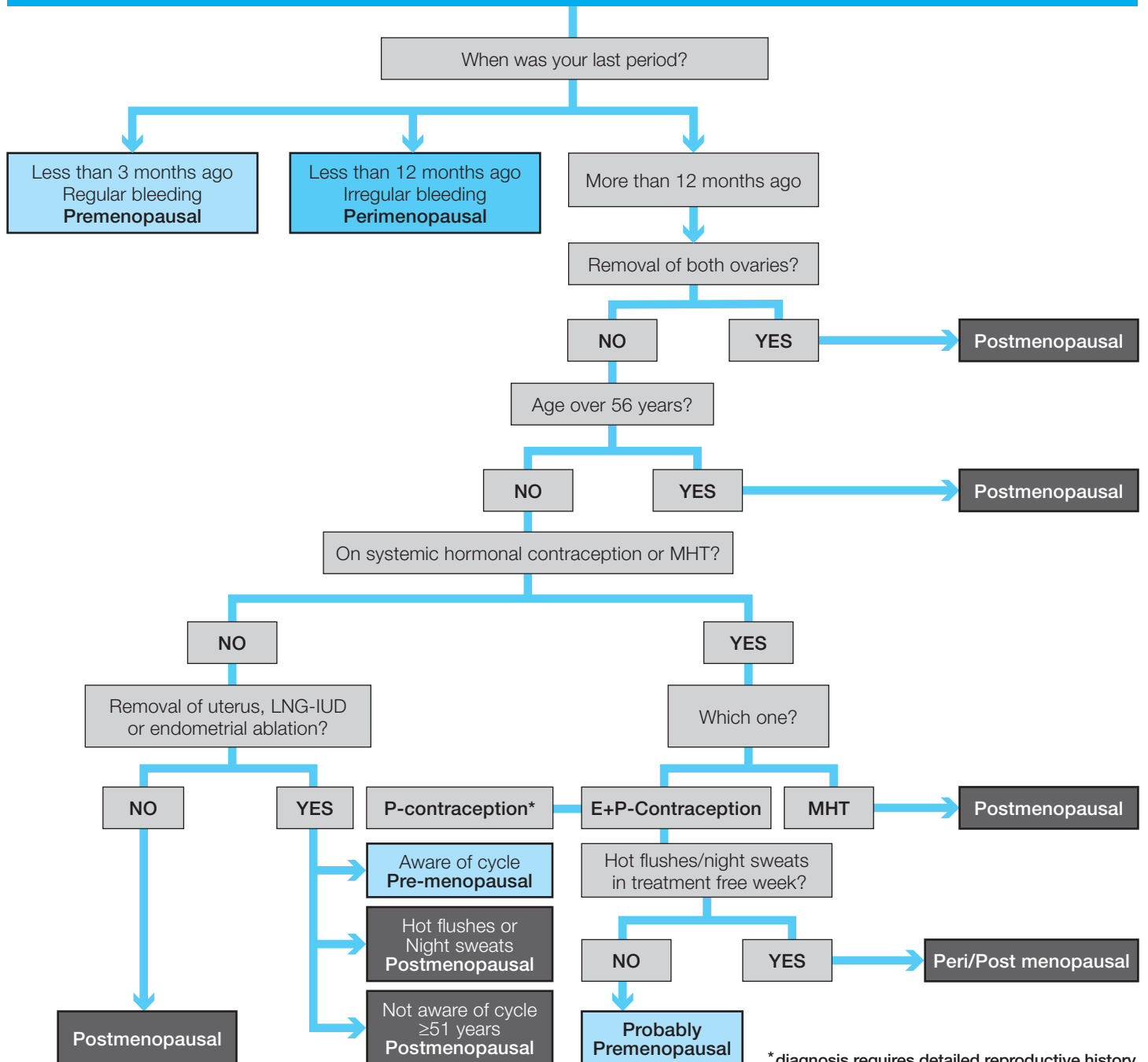
- Irregular Bleeding
- Anxiety
- Vasomotor
  - Hot flushes
  - Night Sweats
- Recurrent UTI's
- Dyspareunia
- Vaginal dryness
- Poor Sleep
- No interest in sex
- Joint pain
- Central weight gain

**AND/OR**

**CONCERNS**

- Osteoporosis
- Cardiovascular risk
- Dementia
- Diabetes
- Obesity

## Is this Patient Pre/Peri/Postmenopausal?



\* diagnosis requires detailed reproductive history.

## What do you need to know?

Full assessment required irrespective of presenting reason of the midlife woman

### Medical History

Relevant gynaecological facts:

- Bleeding pattern or LMP
- Past surgery eg hysterectomy/oophorectomy
- Current use of hormonal therapy
- +/- contraceptive needs

Major medical illnesses – consider:

- DVT/PE
- Breast cancer/endometrial cancer
- Thyroid disease
- Cardio/cerebrovascular disease inc HT
- Osteoporosis
- Diabetes
- Depression/anxiety/postnatal depression
- Recurrent UTI's
- Liver disease

Family History:

- Cardio/cerebro vascular disease
- Osteoporosis/fractures
- Dementia
- Cancer

Smoking/alcohol use

Current medication inc OTC medications

Social history

### Examination

- Height and weight
- Blood pressure and cardiovascular system
- Pelvic examination (+/- Pap Smear)
- Breast exam
- Thyroid examination

### Investigations

**FSH/oestradiol**

- Rarely needed
- Of no value in women on systemic hormonal contraception

**Prog/LH/AMH** levels of no diagnostic value

Midlife Women (50yrs) health assessment:

- Pap Smear
- Mammogram
- Lipids
- FBG
- TSH
- Renal and liver function
- FBE/ferritin
- FOBT
- Vit D in at risk women

## What to consider

### Premenopause

### Peri and early menopause

### Postmenopause <60 yrs or within 10 years of menopause

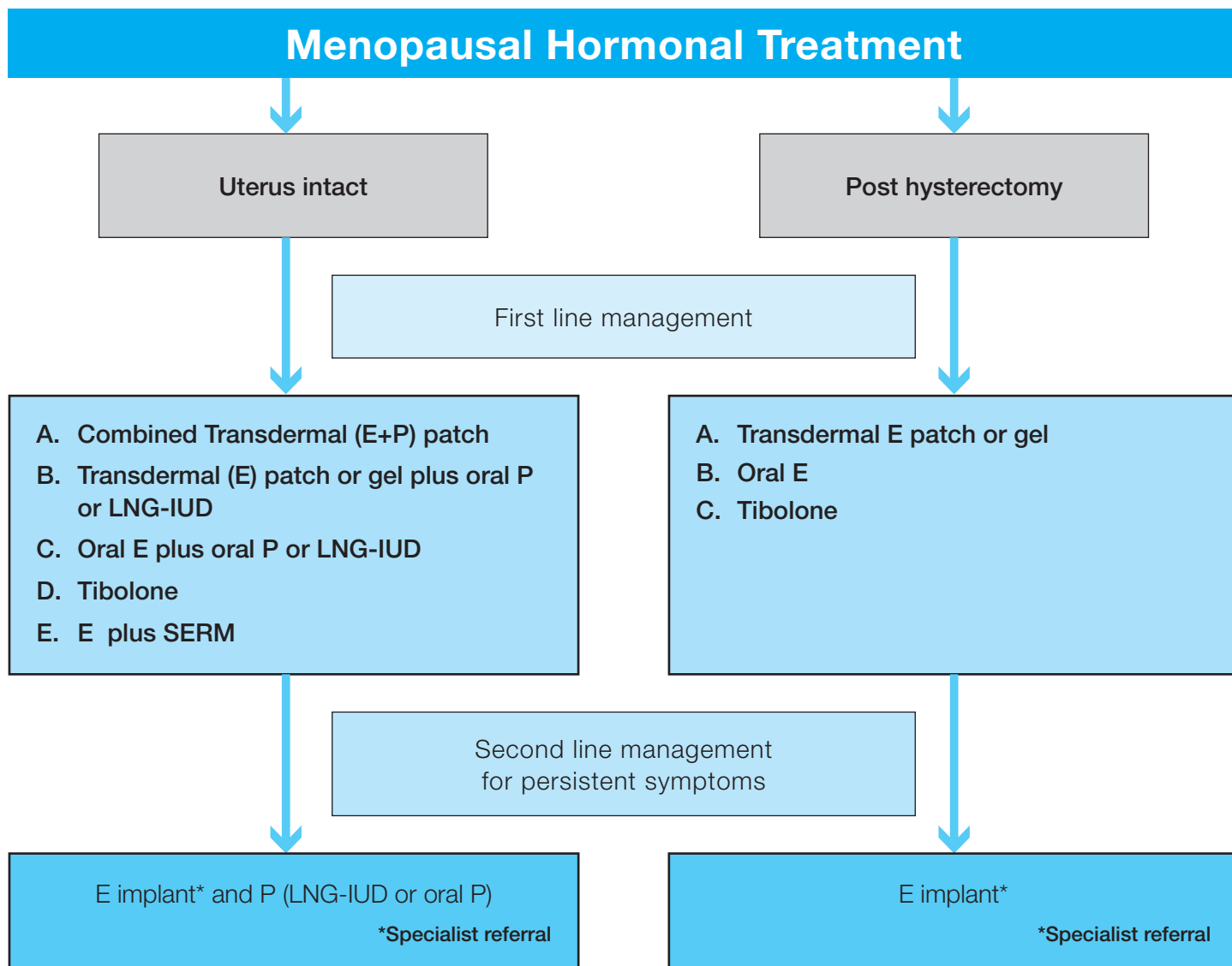
- Health concerns including family history
- General health/disease management (lifestyle issues such as physical activity, diet, smoking, alcohol, obesity)

- Contraceptive needs

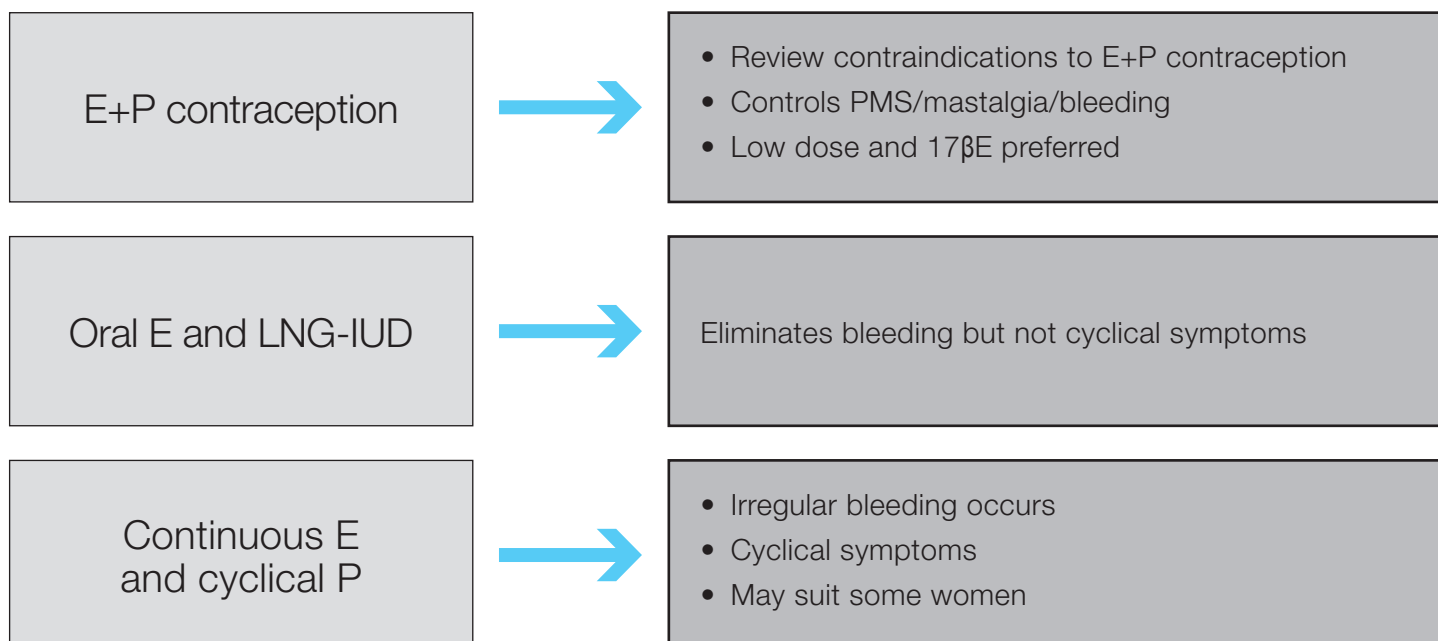
Management of:

- menopausal symptoms
- vulvovaginal atrophy
- prevention of osteoporosis
- sexual dysfunction

# A Practitioner's Toolkit For The Menopause



## Peri Menopausal Treatment



## MHT Dosing <sup>[1]</sup>

### Estrogen

	Low Dose	Moderate dose	High dose
CEE	0.3 - 0.45 mg/day	0.625 mg/day	1.25 mg/day
17β estradiol	0.5 - 1.0 mg/day	1.5 - 2 mg/day	2 mg
Estradiol valerate	0.5 mg/day	1 mg/day	2 mg/day
Transdermal oestradiol patch	25 - 37.5 mcg/day	50 mcg/day	75 - 100 mcg/day
Estradiol hemihydrate gel	0.5 mg/day	1.0 mg/day	1.5 mg/day

### Sequential P – daily dose for 14 days per month- lowest “safe” dose with:

	Low dose E	Moderate to high dose E
Dydrogesterone	5 mg	10 mg
Micronised Progesterone	100 mg	200 mg
MPA	5 mg	5 - 10 mg
Norethisterone Acetate (NETA)	1.25 mg	1.25 - 2.5 mg

### Continuous P – daily dose – lowest “safe” dose with:

	Low dose E	Moderate to high dose E
Dydrogesterone	5 mg	5 - 10 mg
Drospirenone	0.5 mg	—
Micronized progesterone	100 mg	100 mg
MPA	2.5 mg	2.5 - 5 mg
Norethisterone acetate (NETA)	0.5 mg to 1.0 mg	>1.0 mg - 2.5 mg
LNG-IUD	device releasing 20 mcg/24 hours	

### Tibolone

Tibolone	2.5 mg daily
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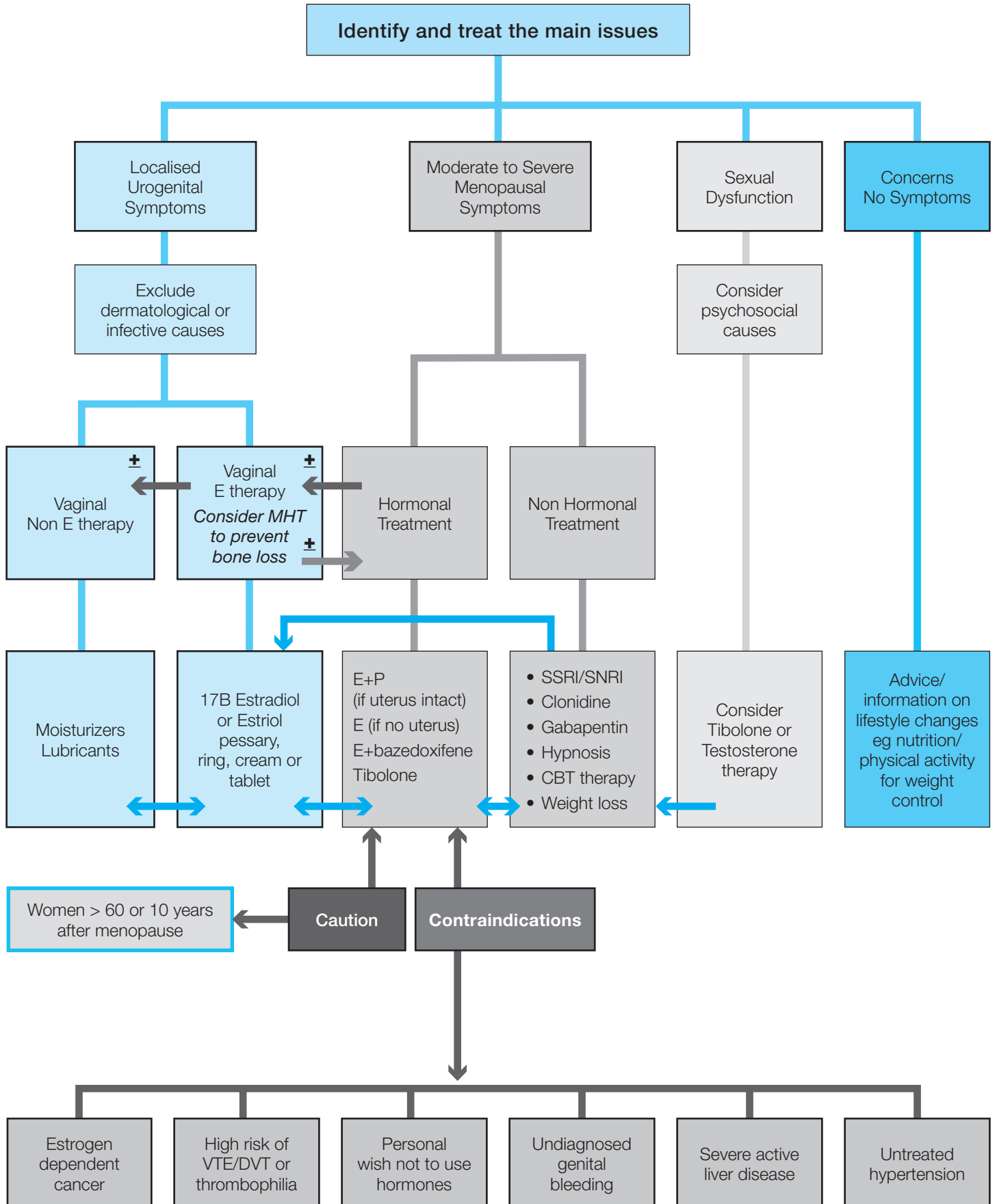
## Evidence Based Non Hormonal Treatment <sup>[1]</sup> for vasomotor symptoms

### Estrogen and SERM therapy

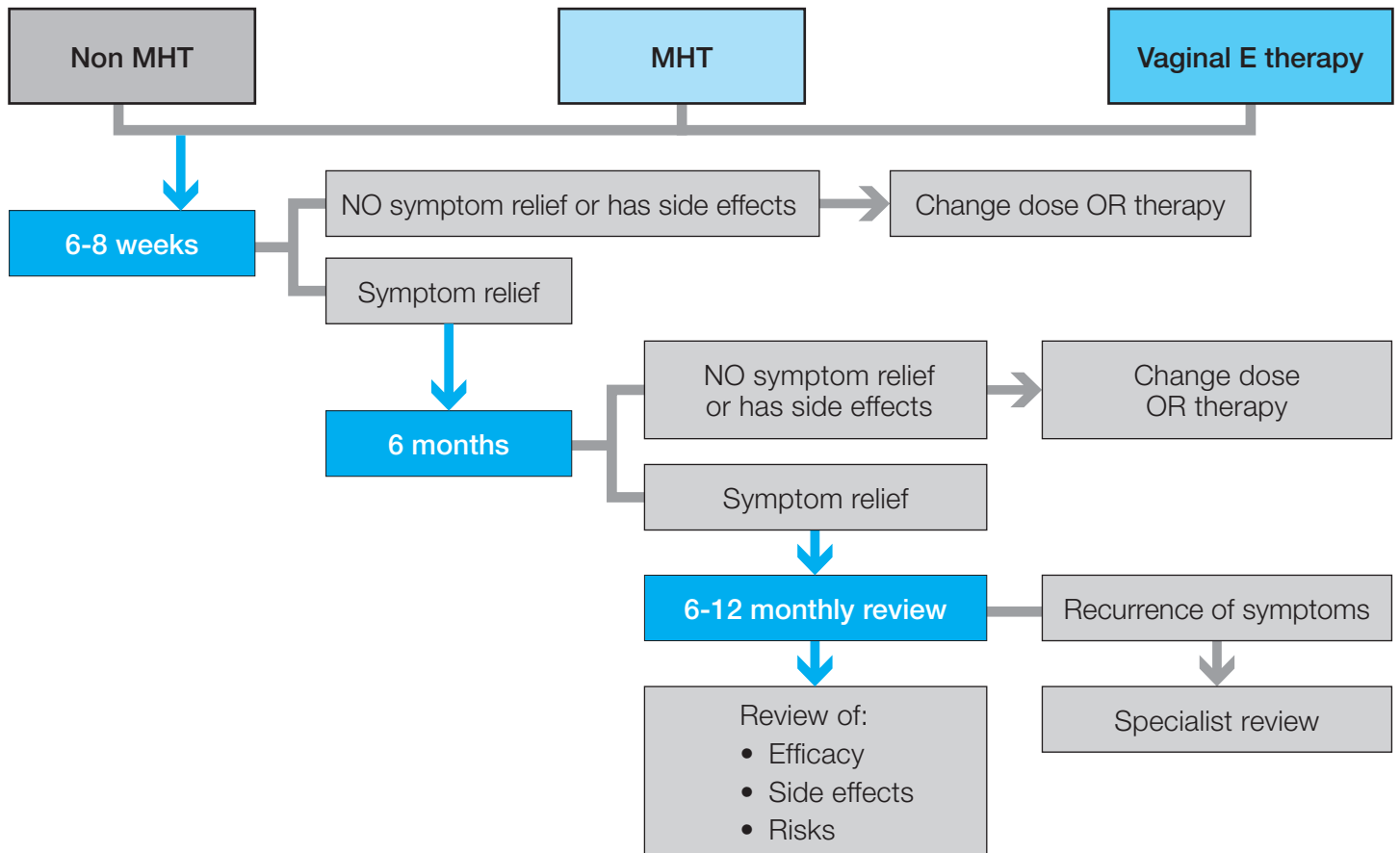
CEE 0.45 mg plus Bazedoxifene	20 mg daily
SSRI or SSRI/SNRI– low dose (also treats menopausal mood disorder)	Venlafaxine 75mg, desvenlafaxine 50mg, escitalopram 10 mg, paroxetine 7.5 mg daily.
Clonidine	100 mcg daily
Gabapentin	300 - 900 mg daily
Pregabalin	75 - 150 mg twice a day
Hypnosis	
Cognitive behaviour therapy	
Weight loss for obese women	
Stellate ganglion blockade*	Severe resistant VMS <span style="float: right;">*specialist referral</span>

[1] – Availability of hormonal/nonhormonal treatment and indications for use from regulatory bodies vary between countries.

# Menopausal Symptom Management



## Review of Treatment



## Abbreviations

<b>AMH</b>	Antimullerian hormone
<b>β</b>	Beta
<b>CEE</b>	Conjugated equine estrogen
<b>DVT</b>	Deep vein thrombosis
<b>E</b>	Estrogen
<b>FBE</b>	Full blood examination
<b>FBG</b>	Deep venous thrombosis
<b>FOBT</b>	Faecal occult blood test
<b>FSH</b>	Follicle stimulating hormone
<b>HT</b>	Hypertension
<b>inc</b>	including
<b>LH</b>	Luteinizing hormone
<b>LMP</b>	Last menstrual period
<b>LNG-IUD</b>	levonorgestrel intrauterine device
<b>MHT</b>	Menopausal hormone therapy

<b>mcg</b>	microgram
<b>mg</b>	milligram
<b>MPA</b>	Medroxyprogesterone acetate
<b>NETA</b>	Norethisterone acetate
<b>OCP</b>	Oral contraceptive pill
<b>OTC</b>	Over the counter
<b>P</b>	Progestogen
<b>Prog</b>	Progesterone
<b>SERM</b>	Selective estrogen receptor modulator
<b>SNRI</b>	Selective noradrenaline reuptake inhibitor
<b>SSRI</b>	Selective serotonin reuptake inhibitor
<b>TSH</b>	Thyroid stimulating hormone
<b>UTI</b>	Urinary tract infection
<b>VMS</b>	Vasomotor symptoms
<b>VTE</b>	Venous thromboembolism

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